State of South Dakota



Candidate's or Committee's Report of Receipts and Expension

Candidates and candidate committees: File in the office where you filed your nominating petition. PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office FEB 0 2 2004 500 E Capitol Ave., Pierre, SD 57501-5070
S.D.SEG.OF37ATE
See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.
Name of Candidate or Committee S.D. Chicogractic Political Action Committee
Complete Mailing Address 323 22nd Ave, Brookings, 50 57006
Name of Person Making Report Chad Munsterman, D.C. Daytime Phone Number 605-692-7223
If you are a candidate, what office are you seeking?
If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.
Type of Report (See pages 4 & 5 of Guideline Book)
For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 12 31 63
•••••
The following verification must be completed before submitting report.
VERIFICATION OF PERSON MAKING REPORT
I
Date: 1 30 04
Candidate Signature of Signature of Committee Treasurer or Chairperson
Revised July 2001 Filed this 2 rd day of 2 Revised July 2001

Name of Candidate or Com	mittee SD Chiopractic	PAC	
For the reporting period en	ding 12/31/03)
combine all contributions of \$100 or contributions on their respective lin year from an individual or political amount, name, address and place of	Schedule A – Direct Co all direct contributions. You must keep a or less from individuals and the same from es below and on the next page. Any com- party and all contributions from PAC's f employment (if applicable) of the contribuplicated if you need more space, or you	record of all contributors, but for m political parties and enter these s tribution of more than \$100 or agg must be entered as a separate item ibutor. Each type of contributor ha	sums as unitemized regate during a calendar (itemized) giving the is their own section for
Unitemized Contributions from I	ndividuals:		*\$ 3,0 47.00
Itemized Contributions from Indi	ividuals Residence Address	Place of Employment (Name of Employer)	·
Chad Munsterman	1319 2nd st Brookings	self	\$ 150,00
	1311 Chase Washings	5 10	
James W. Shwietert	1914 Columbus, Rapid City		\$ 200.00
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Total of Itemized Contributions	from Individuals:		*\$ 350.00

	0	Appendix B
Name of Candidate or Committee 50	Chirogractic PAC	
For the reporting period ending 12		
Schedule A – D	Direct Contributions (continued)	
Unitemized Contributions from Political Parties:		*\$ 0 -
Itemized Contributions from Political Parties		
Party Name	Address	
		\$
		\$
Total of Itemized Contributions from Political Parti	ec.	*\$ -0-
Total of Itemized Contributions from London Lard	acs.	
Itemized Contributions from Political Action Comm		ıst be itemized.
PAC Name	Address	
		\$
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Total of Itemized Contributions from Political Action Committees:

*\$ <u>~ o~</u>

Total of All Direct Contributions (Sum of all lines with an *)

\$ <u>3,397.00</u>

-0-

Schedule B - Fund-Raising Events Proceeds List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than \$100 or their contribution results in their aggregate being more than \$100 in the calendar year, those contributions must be itemized on Schedule A. Pype or Name of Event Net Proceeds	Name of Candidate or Committee:	SD Chirogractic PAC	
Interest of Non-Cash Contribution Nature of Non-Cash Contribution Schedule D - Other Income Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.	For the reporting period ending:	2/31/03	
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported. Name, Residence Address & Place of Employment Estimated Value Nature of Non-Cash Contribution Place of Employment Estimated Value Fotal: Schedule D - Other Income Use this schedule to report any refunds, interest carned or other income which is not a direct contribution.	Schedule List on this schedule fund-raising events held to	B - Fund-Raising Events Proceeds raise money for the candidate and the net proceeds d	
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported. Name, Residence Address & Place of Employment Estimated Value Nature of Non-Cash Contribution Place of Employment Estimated Value Fotal: Schedule D - Other Income Use this schedule to report any refunds, interest carned or other income which is not a direct contribution.	Type or Name of Event		Net Proceeds
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported. Name, Residence Address & Estimated Value Nature of Non-Cash Contribution Place of Employment Estimated Value Total: Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.			
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported. Name, Residence Address & Estimated Value Nature of Non-Cash Contribution Place of Employment Estimated Value Total: Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.			
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported. Name, Residence Address & Estimated Value Nature of Non-Cash Contribution Place of Employment Estimated Value Total: Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.			
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported. Name, Residence Address & Estimated Value Nature of Non-Cash Contribution Place of Employment Estimated Value Total: Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.			
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported. Name, Residence Address & Estimated Value Nature of Non-Cash Contribution Place of Employment Estimated Value Total: Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.			
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported. Name, Residence Address & Estimated Value Nature of Non-Cash Contribution Place of Employment Estimated Value Total: Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.	Total		-0:
Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported. Name, Residence Address & Estimated Value	I Otal:		
Nature of Non-Cash Contribution Place of Employment Estimated Value Description	Report all non-cash contributions of goods or ser	rvices and the estimated fair market value. If the val	ue exceeds \$100, the name of the
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.	Nature of Non-Cash Contribution		Estimated Value
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.			
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.			
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.			· · · · · · · · · · · · · · · · · · ·
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.			
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.			
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.			
Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.	Total:		
Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.	S	Schedule D - Other Income	
Source of Income Amount			ition.
	Source of Income		Amount
			
			· · · · · · · · · · · · · · · · · · ·

Total:

Name of Candidate or Committee:_	SD Chiropractic	PAC
For the reporting period ending:	12/31/03	

$Schedule\ E-Expenditures$

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually.

	penses	Contributions Made to Candidates and	1
[tem	Amount	Name of Candidate or Committee	Amount
Advertising	\$175.00		
Consulting	_0-		
Postage	#14.13		
Printing	_0~		
Rent	_0-		
Salaries	_0-		
Telephone	-0-		
Travel	-0-		
Utilities	-0-		
List other expense	List other expense		· · · · · · · · · · · · · · · · · · ·
items below	amounts below		
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Name of Candidate or Comm	nittee: 50 Chirographic	PAC	<u> </u>
For the reporting period endi	nittee: SD Chiropractic		
	Schedule F - Debts and andidate's campaign obligations which	l Obligations	reporting period. If a service
Owed to:	Durnosa		Amount
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Total Obligations:			

Na	me of Candidate or Committee: 5	D Chiropractic MAC	
Fo	r the reporting period ending:\2	-13,103	
	s summary sheet will give a brief outline of all ca n the schedules previously completed.	Summary Page mpaign finance activity during this reporting p	eriod. Please transfer all totals
1.	Amount on hand, if any, at the beginning	g of the reporting period:	\$ 5,094.22
2.	Receipts		
	Schedule A - Direct Contributions	\$ 3,397.00	
	Schedule B - Fund-Raising Events	\$ <u></u>	
	Schedule C - In Kind Contributions	\$	
	Schedule D - Other Income	\$	
	Total of all Receipts	\$ <u>3,397.00</u>	
3.	Total Monetary Receipts (A+B+D)		\$ <u>3,397.00</u>
4.	Candidate's Personal Contribution to Ov	wn Campaign	\$0-
5.	Monetary Loans to Candidate or Comm	ittee During Reporting Period	\$0
6.	Monetary Loans Repaid During Reporti	ng Period	\$0-
7.	Expenditures - Schedule E		\$ <u>189,73</u>
8.	Unpaid Obligations - Schedule F	\$	
9.	Amount on hand at the close of this report. This should equal lines (1+3+4+5) – (6+3+4+5)		\$ <u>\\$\302.0</u> 9

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State of South Dakota



Candidate's or Committee's Report of Receipts and Expension

Candidates and candidate committees: File in the office where you filed your nominating petition. PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office FEB 0 2 2004 500 E Capitol Ave., Pierre, SD 57501-5070
S.D.SEG.OF37ATE
See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.
Name of Candidate or Committee S.D. Chicogractic Political Action Committee
Complete Mailing Address 323 22nd Ave, Brookings, 50 57006
Name of Person Making Report Chad Munsterman, D.C. Daytime Phone Number 605-692-7223
If you are a candidate, what office are you seeking?
If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.
Type of Report (See pages 4 & 5 of Guideline Book)
For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 12 31 63
•••••
The following verification must be completed before submitting report.
VERIFICATION OF PERSON MAKING REPORT
I
Date: 1 30 04
Candidate Signature of Signature of Committee Treasurer or Chairperson
Revised July 2001 Filed this 2 rd day of 2 Revised July 2001

Name of Candidate or Com	mittee SD Chiopractic	PAC	
For the reporting period en	ding 12/31/03)
combine all contributions of \$100 or contributions on their respective lin year from an individual or political amount, name, address and place of	Schedule A – Direct Co all direct contributions. You must keep a or less from individuals and the same from es below and on the next page. Any com- party and all contributions from PAC's f employment (if applicable) of the contribuplicated if you need more space, or you	record of all contributors, but for m political parties and enter these s tribution of more than \$100 or agg must be entered as a separate item ibutor. Each type of contributor ha	sums as unitemized regate during a calendar (itemized) giving the is their own section for
Unitemized Contributions from I	ndividuals:		*\$ 3,0 47.00
Itemized Contributions from Indi	ividuals Residence Address	Place of Employment (Name of Employer)	·
Chad Munsterman	1319 2nd st Brookings	self	\$ 150,00
	1311 Chase Washings	5 10	
James W. Shwietert	1914 Columbus, Rapid City		\$ 200.00
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Total of Itemized Contributions	from Individuals:		*\$ 350.00

	0	Appendix B
Name of Candidate or Committee 50	Chirogractic PAC	
For the reporting period ending 12		
Schedule A – D	Direct Contributions (continued)	
Unitemized Contributions from Political Parties:		*\$ 0 -
Itemized Contributions from Political Parties		
Party Name	Address	
		\$
		\$
Total of Itemized Contributions from Political Parti	ec.	*\$ -0-
Total of Itemized Contributions from London Lard	acs.	
Itemized Contributions from Political Action Comm		ıst be itemized.
PAC Name	Address	
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Total of Itemized Contributions from Political Action Committees:

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Total of All Direct Contributions (Sum of all lines with an *)

\$ <u>3,397.00</u>

-0-

Name of Candidate or Committee:	SD Chirogractic PAC	• •
For the reporting period ending:	12/31/03	
Schedule List on this schedule fund-raising events held to	e B - Fund-Raising Events Proceeds o raise money for the candidate and the net proceeds ribution results in their aggregate being more than \$1	derived from each event. If a
Type or Name of Event		Net Proceeds
Total:		-0-
Iotai:		
	edule C - In Kind Contributions services and the estimated fair market value. If the v ployment must be reported.	alue exceeds \$100, the name of the
Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Value
		<u> </u>
Total:		
	Schedule D - Other Income	
	st earned or other income which is not a direct contril	bution.
Source of Income		Amount
·		

Total:

Name of Candidate or Committee:_	SD Chiropractic	PAC
For the reporting period ending:	12/31/03	

$Schedule\ E-Expenditures$

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually.

	penses	Contributions Made to Candidates and	1
[tem	Amount	Name of Candidate or Committee	Amount
Advertising	\$175.00		
Consulting	_0-		
Postage	414.13		
Printing	_0~		
Rent	_0-		
Salaries	_0-		
Telephone	-0-		
Travel	-0-		
Utilities	-0-		
List other expense	List other expense		· · · · · · · · · · · · · · · · · · ·
items below	amounts below		
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Name of Candidate or Committee:_	50 Chiropractic	PAC		
Name of Candidate or Committee: For the reporting period ending:	12/31/03			
Schedule F - Debts and Obligations This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.				
Owed to:	Purpose:		Amount	
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		······································		
Total Obligations:			0-	

Na	me of Candidate or Committee: 5	D Chiropractic VITC	
Fo	r the reporting period ending:\\2	131/03	
	s summary sheet will give a brief outline of all can the schedules previously completed.	Summary Page impaign finance activity during this reporting p	period. Please transfer all totals
1.	Amount on hand, if any, at the beginning	g of the reporting period:	\$ 5,094.22
2.	Receipts		
	Schedule A - Direct Contributions	\$ 3,397.00	
	Schedule B - Fund-Raising Events	\$ <u>-o-</u>	
	Schedule C - In Kind Contributions	\$0-	
	Schedule D - Other Income	\$0-	
	Total of all Receipts	\$ 3,397.00	
3.	Total Monetary Receipts (A+B+D)		\$ 3,397.00
4.	Candidate's Personal Contribution to O	wn Campaign	\$0-
5.	Monetary Loans to Candidate or Comm	ittee During Reporting Period	\$
6.	Monetary Loans Repaid During Reports	ing Period	\$0-
7.	Expenditures - Schedule E		\$ <u>189, /3</u>
8.	Unpaid Obligations - Schedule F	\$	
9.	Amount on hand at the close of this report This should equal lines (1+3+4+5) – (6-4)	— — — — — — — — — — — — — — — — — — —	\$ <u>8302.0</u> 9

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